No. 300
10.48

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43682
State File No......

BIRTH NO._____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3057 Registrar's No. 5

WRITE PLAINLY—USING UNFADING BLACK, INK—MAKE A PERMANENT RECORD

0883
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1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Randolph			a. STATE Missouri	b. COUNTY Randolph	
b. CITY OR TOWN Moberly (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Moberly (If outside corporate limits, write RURAL and give township)		0883
d. FULL NAME OF HOSPITAL OR INSTITUTION 552 Fulton (If not in hospital or institution, give street address or location)			d. STREET ADDRESS 552 Fulton (If rural, give location)		

3. NAME OF DECEASED (Type or Print)	a. (First) Nicholas	b. (Middle)	c. (Last) March	4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 24 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 11 Days 5	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ind	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Fred March	13b. MOTHER'S MAIDEN NAME Barbara Smith	14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry March Moberly. Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		Dec. 29/50
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)	4201
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis and High Blood Pressure	Several yes.

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 19 49, to Dec. 29, 19 50, that I last saw the deceased alive on Dec. 29, 19 50, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE A. L. E. Herbel, M.D. (Degree or title)	23b. ADDRESS 400½ West Coates, Moberly, Mo	23c. DATE SIGNED Jan 3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 2nd 1951	24c. NAME OF CEMETERY OR CREMATORY St Mary's	24d. LOCATION (City, town, or county) Moberly. Mo (State)

DATE REC'D BY LOCAL REG. 1-2-51	REGISTRAR'S SIGNATURE Leah William Boda	25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son. Moberly Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by................................

...., Student Embalmer No. ....,

working under my personal supervision.

Student ....

Student Embalmer

Signed................................ Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.